

CLAIMS ONLY

Application Number

101650150

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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48						
49						
50						
Total						
Indep	4					
Total						
Depend	36					
Total						
Claims	40					

	Indep	Depend	Indep	Depend	Indep	Depend
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52						
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Claims						